



CUSTOMER FEEDBACK CARD



SERVICE ORDER # _____ Technician Name _____
Appointment Date: _____ Appointment Time: _____
Customer Name: _____ Building No./ Street Address: _____

Work Performed: _____

Service of Technician

Please Rate the Technician in the Following Areas:
(1-Unsatisfactory, 2-Satisfactory, 3-Fair, 4-Good, 5-Excellent)

On Time	<input type="text" value="5"/>	<input type="text" value="4"/>	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="1"/>
Appearance	<input type="text" value="5"/>	<input type="text" value="4"/>	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="1"/>
Professionalism	<input type="text" value="5"/>	<input type="text" value="4"/>	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="1"/>
Performance of Work	<input type="text" value="5"/>	<input type="text" value="4"/>	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="1"/>

Additional Comments _____

Signature: _____ Date: _____

THE CUBE CORPORATION



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PLEASE
PLACE
STAMP
HERE

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